

MISSISSIPPI STATE DEPARTMENT OF HEALTH



2011 Annual Report
Office of Tobacco Control

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OVERVIEW

In 2007, the Mississippi State Legislature responded to the growing health and financial crisis associated with tobacco use with definitive action by mandating a comprehensive statewide tobacco education, prevention and cessation program in §41-113-1 of the Mississippi Code of 1972. Additionally, the legislature established a 13-member Tobacco Control Advisory Council (Appendix I).

The Mississippi Legislature recognizes the devastating impact that tobacco use has on the citizens of our state. Tobacco use is the single most preventable cause of death and disease in this country and this state. Each year, thousands of Mississippians lose their lives to diseases caused by tobacco use, and the cost to the state is hundreds of millions of dollars. Tobacco use is also a large burden on the families and businesses of Mississippi. It is therefore the intent of the Legislature that there be developed, implemented and fully funded a comprehensive and statewide tobacco education, prevention and cessation program that is consistent with the Best Practices for Comprehensive Tobacco Control Programs of the federal Centers for Disease Control and Prevention, as periodically amended. (Mississippi Code of 1972).

The Office of Tobacco Control has worked to maintain and further develop the work set forth by the Mississippi State Legislature. This Annual Report includes information on each of the components of the Center for Disease Control and Prevention's evidence-based *Best Practices for Comprehensive Tobacco Control Programs, 2007*:

- I. Administration and Management
- II. State and Community Interventions
- III. Cessation Interventions
- IV. Health Communication Interventions
- V. Surveillance and Evaluation

MISSION

The mission of the Office of Tobacco Control (OTC) is to promote and protect the health of all Mississippians by reducing tobacco-related disease and death. The Office of Tobacco Control accomplishes this mission by utilizing a systemic approach to tobacco prevention and control that focuses on evidence-based practices outlined in the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs* (CDC's *Best Practices*, 2007). Program components include:

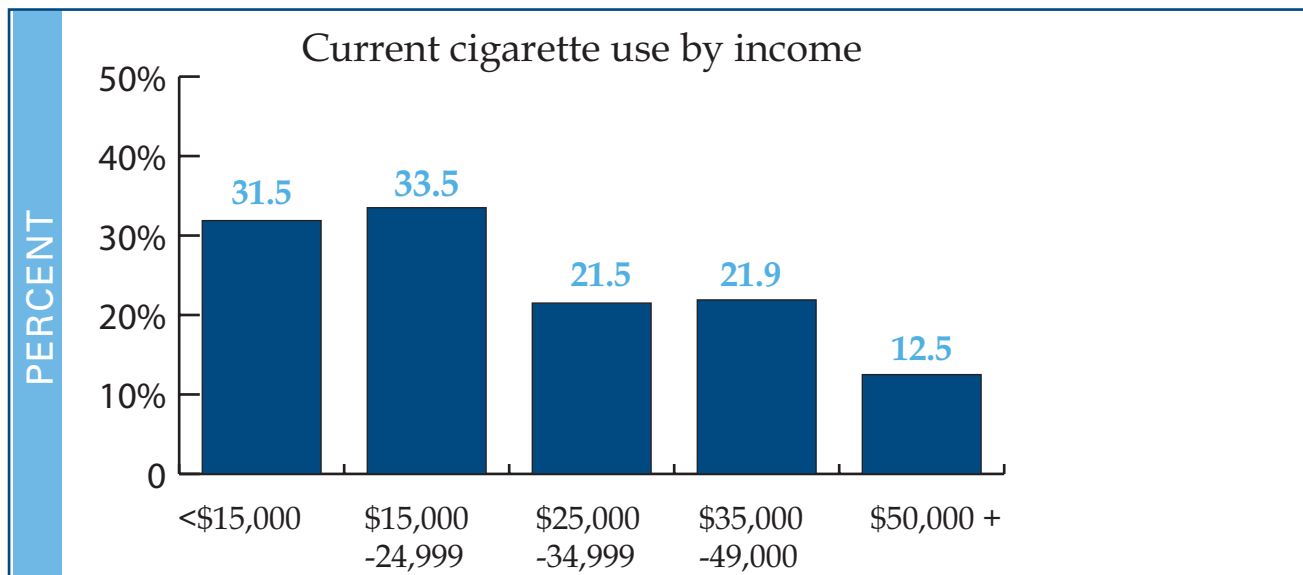
- Administration and Management
- State and Community Interventions
- Cessation Interventions
- Health Communication Interventions
- Surveillance and Evaluation

VALUES

- Everyone deserves to breathe smokefree air.
- We respect the effort it takes to quit smoking and stay quit.
- We are committed to providing innovative leadership.
- We cultivate cooperative relationships with traditional and nontraditional partners.
- We do not accept funding from, or partner with, the tobacco industry.

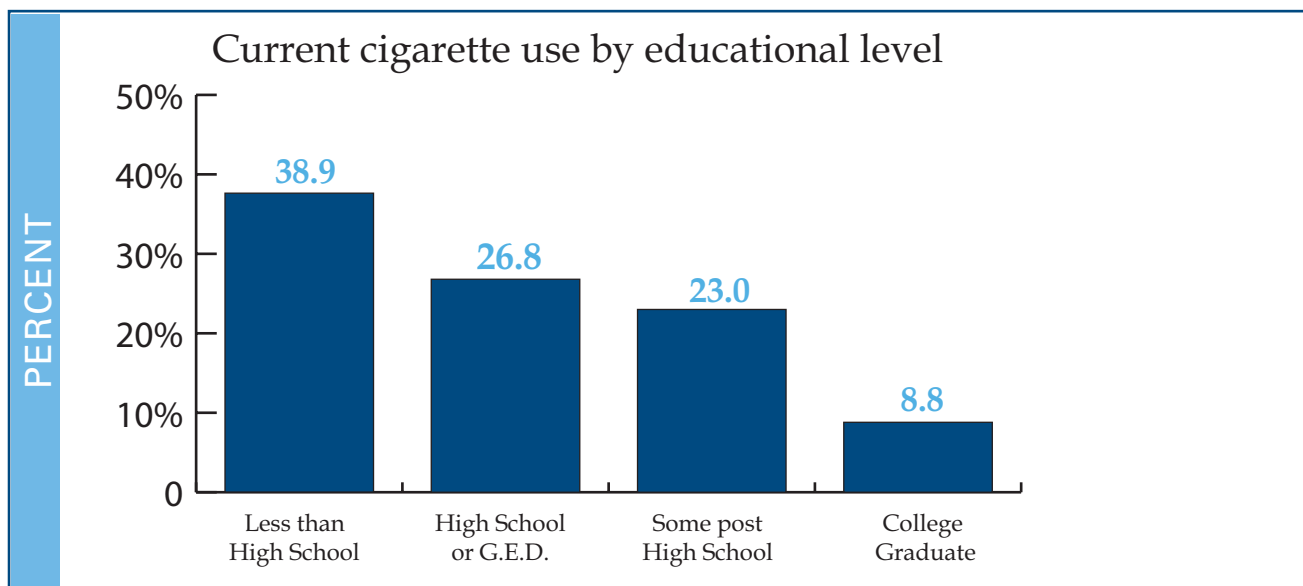
MISSISSIPPI TOBACCO DATA

ADULTS



Source: 2010 Behavioral Risk Factor Surveillance Survey (BRFSS)

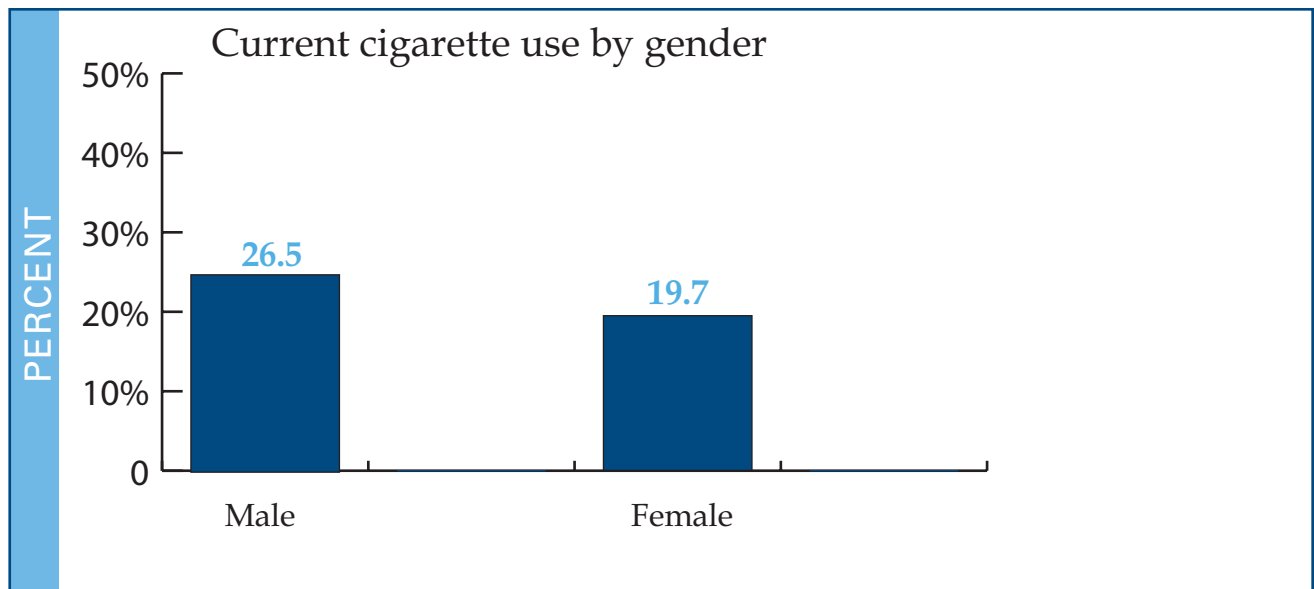
The percentage of Mississippi adults who reported being current cigarette smokers was significantly higher in households with annual incomes less than \$25,000.



Source: 2010 Behavioral Risk Factor Surveillance Survey (BRFSS)

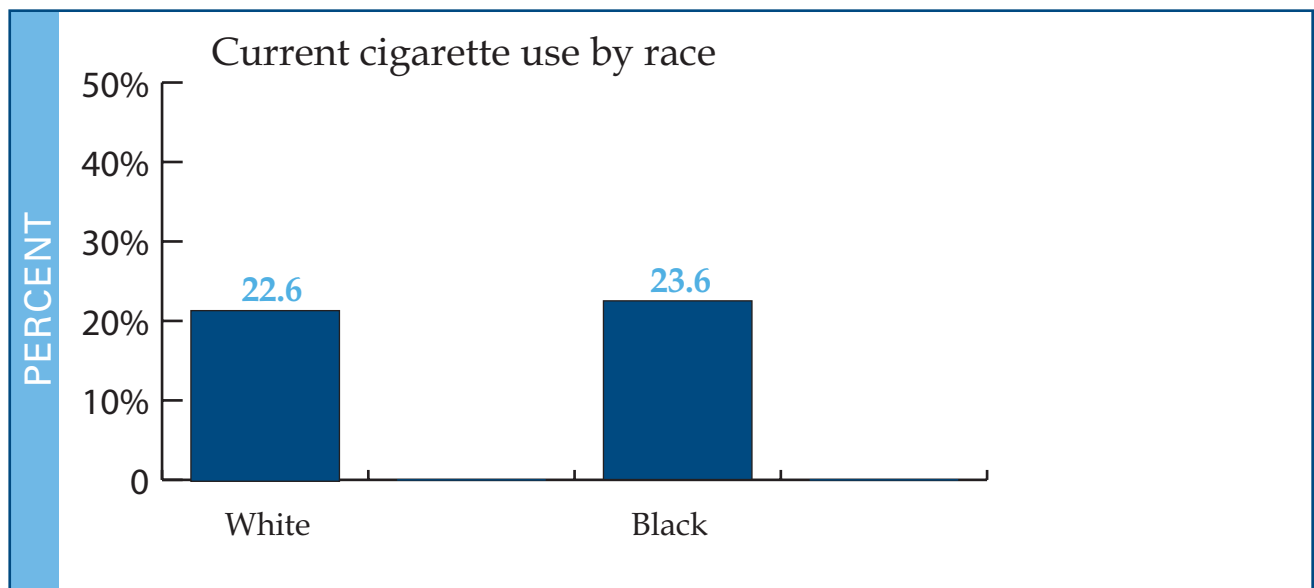
The percentage of Mississippi adults who reported being current smokers decreases significantly with higher education.

ADULTS



Source: 2010 Behavioral Risk Factor Surveillance Survey (BRFSS)

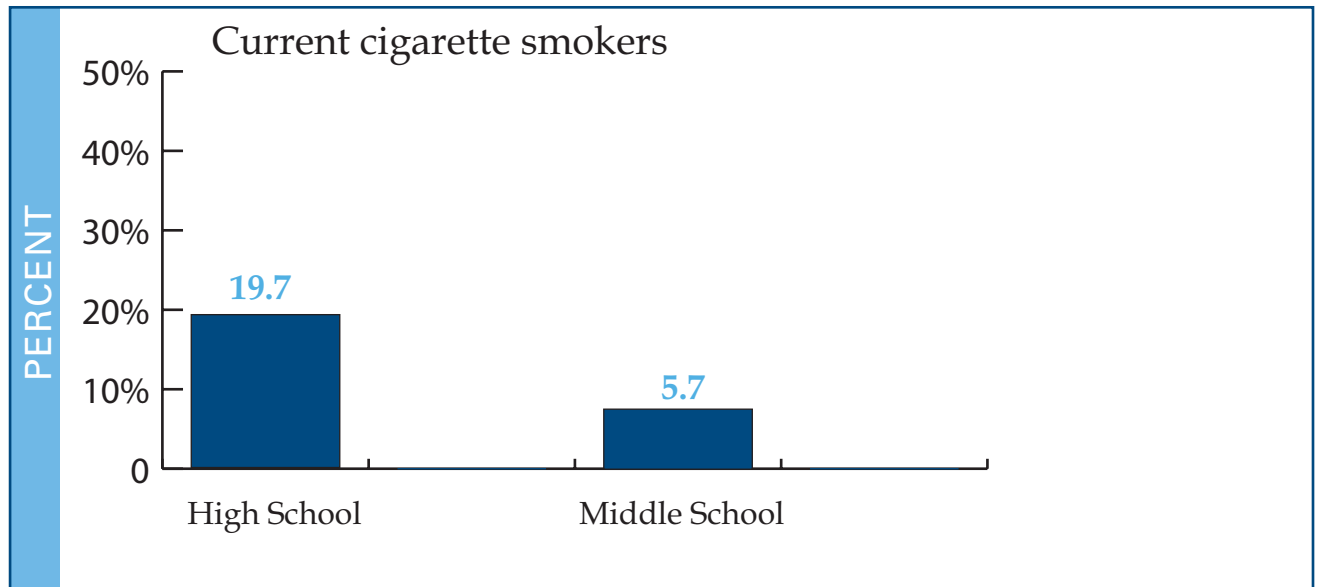
The percentage of Mississippi adults who reported being current smokers is significantly higher among males (26.5%) compared to females (19.7%).



Source: 2010 Behavioral Risk Factor Surveillance Survey (BRFSS)

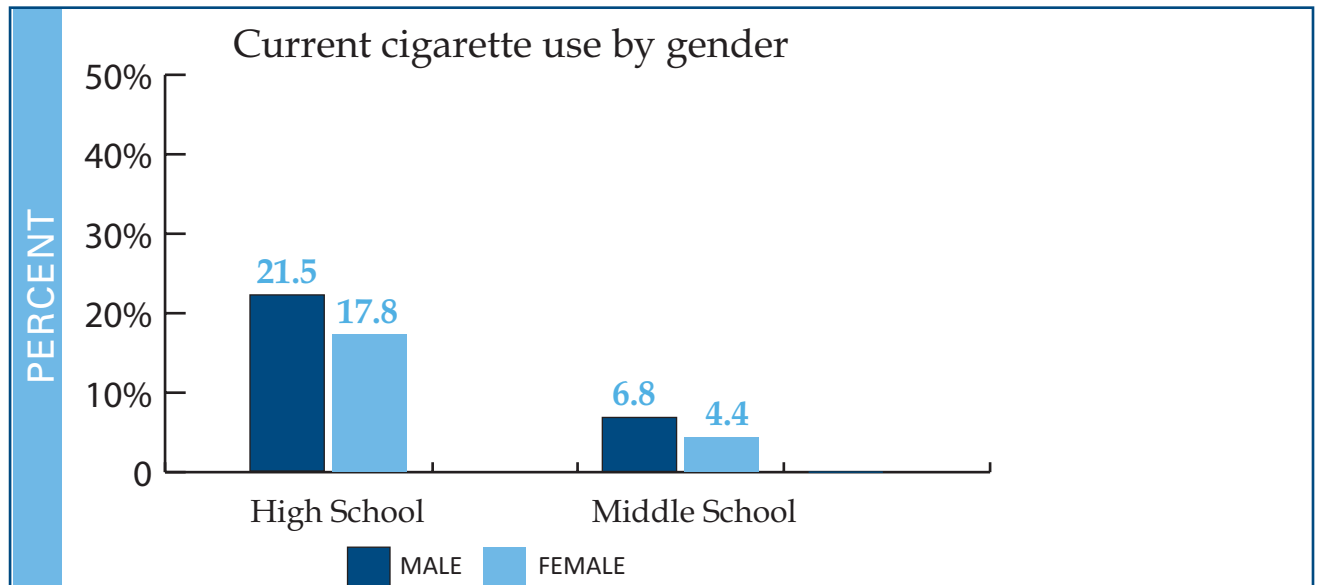
The percentage of Mississippi adults who reported being current smokers was 22.6% among whites and 23.6% among blacks; however, this difference was not statistically significant.

YOUTH



Source: 2010 Youth Tobacco Survey (YTS)

The overall 2010 YTS results indicate that 19.7% of high school students and 5.7% of middle school students reported being current cigarette smokers.

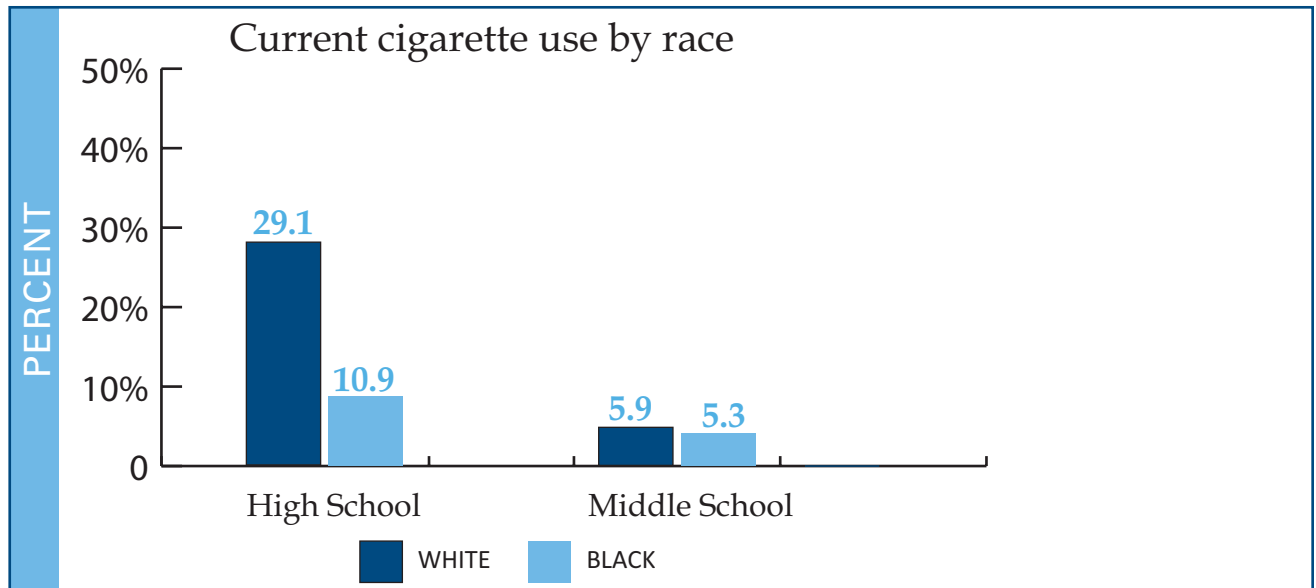


Source: 2010 Youth Tobacco Survey (YTS)

The percentage of high school students who reported being current cigarette smokers was 21.5% among males and 17.8% among females; however, this difference was not statistically significant.

The percentage of middle school students who reported being current cigarette smokers was 6.8% among males and 4.4% among females; however, this difference was not statistically significant.

YOUTH



Source: 2010 Youth Tobacco Survey (YTS)

The percentage of high school students who reported being current cigarette smokers was significantly higher among whites (29.1%) compared to blacks (10.9%).

The percentage of middle school students who reported being current cigarette smokers was 5.9% among whites and 5.3% among blacks; however, this difference was not statistically significant.

APPROPRIATIONS

The CDC recommends a level of \$39.2 million annual investment to reduce tobacco use in Mississippi.

Annually, state revenue yields over \$150 million from tobacco excise taxes and tobacco settlement monies. During the 2009 regular session, the Mississippi State Legislature increased the state excise tax on cigarettes by \$.50 per pack, from \$.18 to \$.68 per pack.

FY12	FY11	FY10	RECIPIENT
\$9,900,000	\$9,900,000	\$9,900,000	MSDH OTC
\$5,000,000	\$5,000,000	\$5,000,000	University of Mississippi Medical Center Cancer Institute
\$3,600,000	\$3,600,000	\$3,550,000	Mary Kirkpatrick Haskell-Mary Sprayberry Public School Nurse Program
\$800,000	\$800,000	\$800,000	Mississippi Attorney General's Office Alcohol and Drug Enforcement
\$700,000	\$700,000	\$700,000	University of Mississippi Medical Center A Comprehensive Tobacco (ACT) Center
		\$50,000	Division of Medicaid - Safe Heart Health Initiative
(51%)	(51%)	(51%)	%Utilized following CDC's <i>Best Practices</i>

From the tobacco settlement installment payments that the State of Mississippi receives during each calendar year, the sum of Twenty Million Dollars (\$20,000,000.00) shall be expended solely for the purposes specified in Sections 13 through 17 of §41-113-1 of the Mississippi Code of 1972.

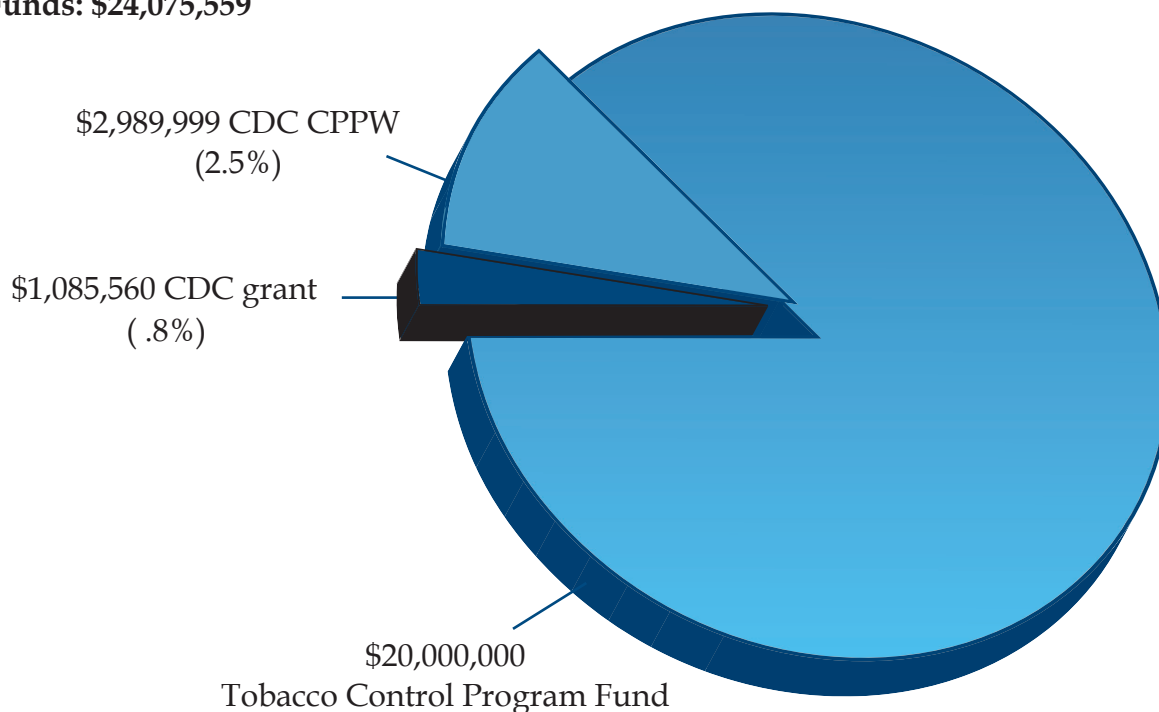
None of the funds in the special fund may be transferred to any other fund or appropriated or expended for any other purpose.

Source: §41-113-1 of the Mississippi Code of 1972

The Centers for Disease Control and Prevention (CDC) recommends that Mississippi spend \$39.2 million a year to have an effective, comprehensive tobacco prevention program. In FY 2011, Mississippi ranked 41st among all states in the funding of tobacco prevention programs.

- In each of the four fiscal years that tobacco control has been charged to MSDH Office of Tobacco Control, the Mississippi State Legislature has appropriated \$20 million from the Tobacco Control Program Fund.
- Additionally, the state received funding from the Centers for Disease Control and Prevention as follows:
 1. \$1,085,560 to prevent initiation of tobacco use by youth to promote cessation, eliminate tobacco-related disparities, and to reduce exposure to secondhand smoke.
 2. \$2,989,999 through a Communities Putting Prevention to Work (CPPW) cooperative agreement through the American Recovery and Reinvestment Act (ARRA) for the purpose of educating Mississippians about the dangers of exposure to secondhand smoke.

Total Funds: \$24,075,559



Total tobacco funding in FY2011, from federal and state sources, for Mississippi was \$24,075,559 compared to \$39.2 recommended by the CDC's *Best Practices*, 2007.

TOBACCO CONTROL FUNDING

Per Capita Funding	Health Communication	Cessation Interventions	State & Community	Surveillance & Evaluation	Administration & Management
CDC Recommendations	\$2.13	\$4.41	\$5.44	\$1.17	\$0.59
MS Tobacco Control Program Fund FY2011	\$0.69	\$0.60	\$1.52	\$0.33	\$0.50

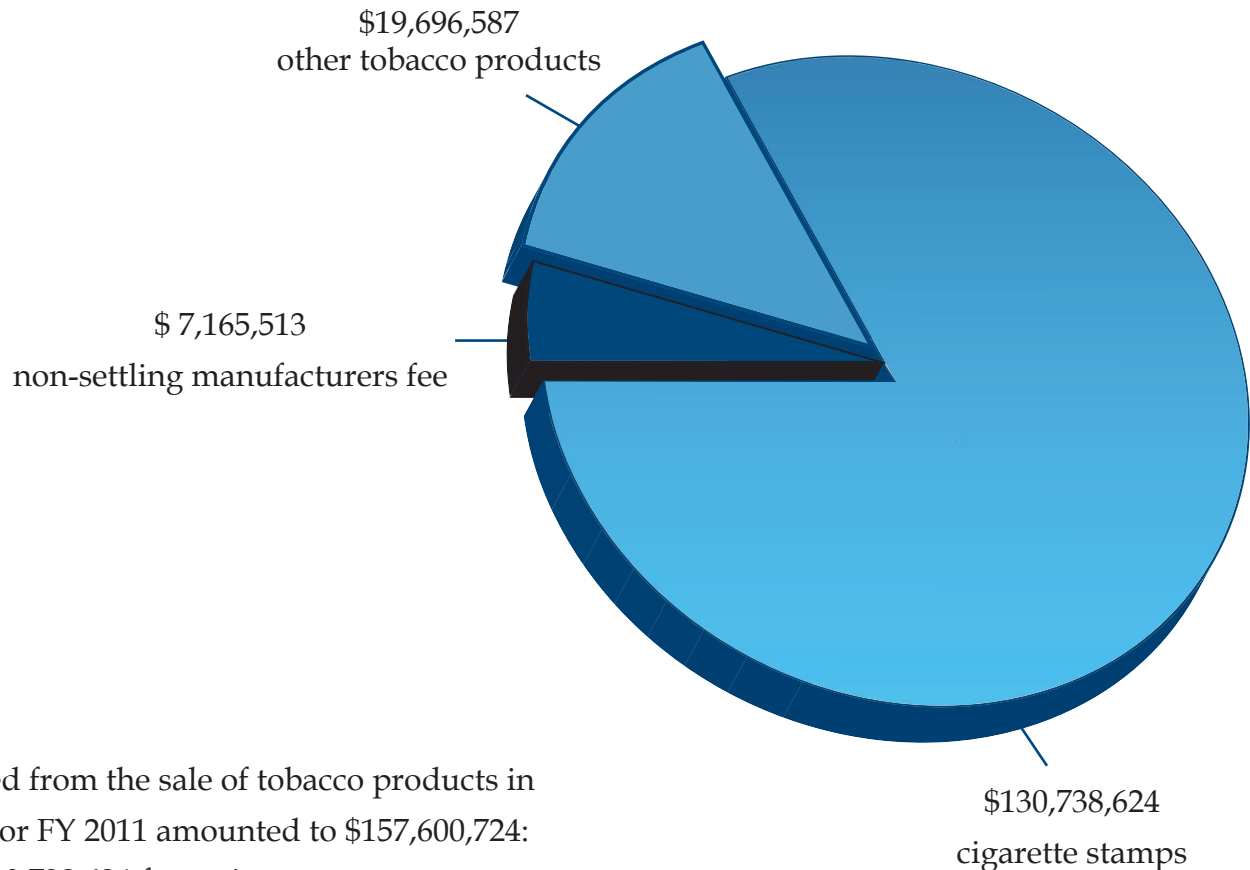
SMOKING-CAUSED MONETARY COSTS IN MISSISSIPPI

Annual healthcare costs in Mississippi directly caused by smoking	\$719 million
Portion covered by the state Medicaid program	\$264 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$555 per household
Smoking-caused productivity losses in Mississippi	\$1.49 billion

Source: Campaign for Tobacco-Free Kids, 2011

TAX GENERATED FROM THE SALE OF TOBACCO PRODUCTS

Total Funds: \$157,600,724



Tax generated from the sale of tobacco products in Mississippi for FY 2011 amounted to \$157,600,724:

- \$130,738,624 from cigarette stamps
(Cigarette stamps are purchased by wholesalers.)
- \$19,696,587 from other tobacco products
(Other tobacco products are all tobacco products excluding cigarettes.)
- \$7,165,513 from non-settling manufacturers fee
(Non-settling manufacturers fee covers tobacco manufacturers that were not part of the master settlement.)

PREVENTION

PRIORITIES

- Reduce the number of individuals who start using tobacco.
- Help current tobacco users quit.
- Help promote a smokefree environment to reduce adverse health effects of secondhand smoke.

Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in tobacco use. Additionally, the longer states invest in such programs, the greater and faster the impact. Evidence-based statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates and tobacco-related deaths and diseases.

DEATHS IN MISSISSIPPI CAUSED BY SMOKING

Adults who die each year from their own smoking	4,700
Kids now under 18 and alive in Mississippi who will ultimately die prematurely from smoking	69,000
Adult nonsmokers who die each year from exposure to secondhand smoke	510

Source: Campaign for Tobacco-Free Kids, 2011

ENFORCEMENT

Since January 1998, Mississippi state law has authorized the Office of the Attorney General to conduct random, unannounced inspections to ensure compliance with the state statute prohibiting the sale of tobacco to minors. It is the lead enforcement agency involved in enforcing youth alcohol and tobacco laws.



THE SYNAR AMENDMENT

Federal lawmakers passed Section 1926 of Title XIX of the Federal Public Health Service Act, commonly called the Synar Amendment, in 1992. The Synar Amendment requires states to pass and enforce laws that prohibit the sale of tobacco to individuals less than 18 years of age.

The Mississippi Department of Mental Health, Division of Alcohol and Drug Abuse, is the agency responsible for compliance with the Synar Amendment. The Annual Synar Report is submitted to the Substance Abuse and Mental Health Administration Center for Substance Abuse Prevention.

Mississippi is required to provide detailed information on progress made in enforcing youth tobacco access laws and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates.

ENFORCEMENT

In an effort to prohibit the sale of tobacco to minors, *The Mississippi Juvenile Tobacco Access and Prevention Act of 1997* was passed and became effective February 1, 1998. Major provisions included in this legislation were:

- Tobacco retailers must obtain permits to sell tobacco.
- Tobacco retailers must notify their employees of the state tobacco laws.
- Possession of tobacco by minors is illegal.
- Stiff penalties exist for noncompliance by retailers or youth.
- Tobacco vending machines are only permitted in places inaccessible to minors.
- Warning signs are required at each point of sale of tobacco.

The *Synar Regulation* requires states to:

- Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
- Have in effect a law prohibiting any manufacturer, retailer or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- Conduct annual random, unannounced inspections to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Develop a strategy and time frame for achieving an inspection failure rate of less than 20% of outlets accessible to youth.
- Submit an annual report detailing the state's activities to enforce their laws, the overall success the state has achieved during the previous fiscal year in reducing tobacco availability to youth, describing how inspections were conducted and how outlets were identified, and plans for enforcing the law in the coming fiscal year.

For a full copy of the Mississippi Synar Report go to www.dmh.state.ms.us

I. ADMINISTRATION AND MANAGEMENT

The CDC's *Best Practices* recognize that a strong internal capacity within a state health department is essential for program sustainability, efficacy, and efficiency.

The Office of Tobacco Control utilized the funds in FY 2011 directly appropriated from the Tobacco Control Program Fund (\$9.9 million) to reduce usage of tobacco products throughout the state. The Office of Tobacco Control's administration and management activities, in compliance with the CDC's *Best Practices*, include the following:

- Strategic planning to guide program efforts and resources
- Developing qualified and diverse technical, program and administrative staff
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing grantee program performance
- Maintaining a real-time fiscal management system that tracks allocations and expenditure of funds
- Increasing capacity at the local level by providing ongoing training and technical assistance to local coalitions and partners
- Maintaining a comprehensive communication system
- Educating the public and decision makers on the health effects of tobacco and evidence-based program and policy interventions.

SECONDHAND SMOKE

Secondhand smoke is a serious health hazard. Of the more than 7,000 chemicals it contains, at least 60 are known to cause cancer, according to the Centers for Disease Control and Prevention. Exposure to secondhand smoke can also lead to heart disease, asthma, lower respiratory infections, ear infections, and Sudden Infant Death Syndrome.

The Surgeon General has stated that there is no safe level of exposure to secondhand smoke. (Surgeon General Report, 2010)

II. STATE AND COMMUNITY INTERVENTIONS

The CDC's *Best Practices* recommend that state programs provide funding to organizations that can effectively reach, involve, and mobilize identified specific populations. The Office of Tobacco Control contracted with several health-related organizations to increase the number of Mississippians receiving tobacco control messages.

Mississippi Academy of Family Physicians Foundation (MAFPF)

The Office of Tobacco Control provided funding to the Mississippi Academy of Family Physicians Foundation (MAFPF) to administer the *Tobacco-Free Mississippi: Engaging Mississippi's Family Physicians* project. The MAFPF conducted a needs assessment of family physicians statewide to determine the level of tobacco cessation services and patient education regarding tobacco use currently offered to their patient population. Additionally, the assessment focused on the patients' educational needs regarding tobacco cessation. To further expand the focus, MAFPF provided training for family physician practices throughout the state to educate and train clinicians on how to integrate tobacco cessation into their practices.

The Mississippi Chapter of the American Academy of Pediatrics (MAAP)

The Office of Tobacco Control provided funding to the Mississippi Chapter of the American Academy of Pediatrics (MAAP) to assess Mississippi pediatricians regarding current practices relating to tobacco use, the number of referrals to cessation services, and how current clinic services may be improved. To give pediatricians a better understanding of the overall process of implementing tobacco cessation into their practice, the MAAP developed a resource CD which was made available to pediatricians statewide. The MAAP worked in collaboration with the MAFPF to administer the *Tobacco-Free Mississippi: Engaging Mississippi's Pediatricians* project. The MAAP developed training modalities specifically targeting pediatricians which place emphasis on the detrimental effects of secondhand smoke on children.

NOTE: Following the assessments, both organizations provided tobacco control educational materials to healthcare providers, encouraged tobacco control involvement among members, promoted tobacco cessation services and healthcare provider training opportunities and resources for members of each respective organization, and sought to maximize the role of physicians as trusted sources of information for patients and families.

The Mississippi Primary Health Care Association (MPHCA)

The Office of Tobacco Control provided funding to the Mississippi Primary Health Care Association (MPHCA) to administer the *Tobacco-Free Mississippi: Engaging Federally Qualified Health Centers* project. The MPHCA engaged Federally Qualified Health Center (FQHC) clinicians to strengthen capacity to conduct clinical tobacco cessation programs and activities, as recommended by the CDC's *Best Practices*.

The Mississippi Rural Health Association (MRHA)

The Office of Tobacco Control provided funding to the Mississippi Rural Health Association (MRHA) to administer the *Tobacco-Free Mississippi: Engaging Rural Health Clinics* project. The MRHA engaged clinicians in Rural Health Clinics in an effort to strengthen statewide capacity to conduct clinical tobacco cessation programs and activities, as recommended by the CDC's *Best Practices*.

NOTE: To comply with the CDC's Best Practices, both organizations conducted tobacco assessments, patient education, and healthcare provider counseling and referral to the Mississippi Tobacco Quitline. Research demonstrates that even brief advice from physicians and nurses can influence patients to make a quit attempt.

Both the FQHCs and the Rural Health Clinics work with racially and ethnically diverse populations. Many of their patients are on Medicaid or have no health insurance. The tobacco-use intervention project in these facilities will work to institutionalize smoking interventions into patients' interactions with health care professionals.

The Institute for Disability Studies (IDS)

The Office of Tobacco Control funded the Institute for Disability Studies (IDS) at The University of Southern Mississippi to administer the *Tobacco Control Strategies for Mississippians with Disabilities* project. The IDS developed and implemented a tobacco control program to reduce the initiation of tobacco use, promote cessation, eliminate exposure to secondhand smoke and eliminate tobacco-related disparities among Mississippians with disabilities.

The Mississippi Nurses Foundation (MNF)

The Office of Tobacco Control funded the Mississippi Nurses Foundation (MNF) to administer the *Tobacco-Free Mississippi: Engaging Mississippi's Nurses* project. The MNF engaged nurses to provide training on tobacco control and tobacco cessation programs to nursing students in colleges and universities throughout Mississippi.

To further enhance their efforts, the MNF:

- Provided tobacco control educational materials for nurses
- Encouraged tobacco control involvement among foundation members
- Promoted tobacco cessation services
- Provided healthcare provider training opportunities and resources for foundation members
- Sought to maximize the role of nurses as trusted sources of information for patients and families.

The Partnership for a Healthy Mississippi (PHM)

The Office of Tobacco Control funded The Partnership for a Healthy Mississippi (PHM) to reach communities statewide by administering the Reject All Tobacco (RAT) and Generation FREE programs for youth in grades K-12. The PHM conducted additional tobacco prevention activities for youth including RAT Troupe performances, FREE style street team events, conferences, and contests. The PHM also established and trained a statewide youth tobacco prevention advisory board.

The American Lung Association (ALA)

The Office of Tobacco Control contracted with the American Lung Association (ALA) to administer Teens against Tobacco Use (TATU), a tobacco prevention program for youth attending grades 7-12, and Not On Tobacco (N-O-T), a cessation program for youth attending grades 9-12. ALA also provided regional advocacy trainings to engage youth attending grades 10-12 in grassroots tobacco control efforts.

Developing Municipal Comprehensive Smokefree Ordinances in Mississippi

The Office of Tobacco Control, in collaboration with the Mississippi Municipal League, engaged municipalities within Mississippi to increase the number of individuals in the state protected by comprehensive smokefree air ordinances. Through the *Developing Municipal Comprehensive Smokefree Ordinances in Mississippi*, municipalities worked with tobacco control partners to educate citizens and elected officials about the dangers of secondhand smoke (Appendix II).



Mississippi received an award from the American for Non-Smokers Right (ANR) for passing the most 100 percent Smoke Free laws in 2010. Cynthia Hallett, the Executive Director from ANR, presented the award to the Mississippi State Department of Health and partners in June 2011 at the Mississippi Municipal League Conference. Featured left to right: Robert McMillen, Jennifer Cofer, Katherine Bryant, Cynthia Hallett, Roy Hart, Kimberly Hughes, and Sandra Shelson.

Additional Partners

The Office of Tobacco Control has established a relationship with organizations that do not receive funding from the OTC, to include: The Mississippi State Medical Association, Blue Cross Blue Shield, Eliza Pillars Nurses Association, Mississippi Nurses Association, Delta Health Alliance, River Region Health System, United Healthcare Mississippi, Mississippi Hospital Association, Mississippi Alliance for School Health, Mississippi Area Health Education Center, and Pfizer. Each of these organizations signed a resolution in support of Smokefree Air Mississippi. Some of these organizations attended meetings of the Mississippi Tobacco-Free Coalition, provided technical assistance with data collection, and/or hosted meetings for representatives from the Office on Smoking and Health at the CDC.

The CDC's *Best Practices* recognize the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions such as creating smokefree environments.

Mississippi Tobacco-Free Coalitions

The Office of Tobacco Control provided funding to 33 Mississippi Tobacco-Free Coalitions (MTFC) to work in all 82 counties to implement tobacco control programs at the grassroots level (Appendix III).

Each MTFC:

- Conducted tobacco control programmatic and awareness activities throughout the year that contain messages for youth and adults
- Worked to increase tobacco-free policies in municipalities statewide
- Promoted the use of tobacco prevention curricula in schools throughout the state.

The MTFC evidence-based programs have been designed to lead to:

- Preventing the initiation of tobacco use
- Creating a social norm change to non-tobacco use
- Supporting implementation of comprehensive smokefree air policies
- Offering cessation assistance to tobacco users
- Reducing tobacco-use prevalence among youth and adults
- Reducing tobacco-related mortality and morbidity
- Decreasing tobacco-related disparities.



Rally at the Park with Brandon Mayor's Youth Council. The youth were VERY involved with this event to promote tobacco prevention.

III. HEALTH COMMUNICATION INTERVENTIONS

The Mississippi State Department of Health Office of Tobacco Control implemented a statewide media campaign to prevent the initiation of tobacco use among youth and to promote tobacco cessation services among Mississippians.

The CDC's *Best Practices* recommend that an effective state health communication intervention should deliver strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns integrated into the overall state tobacco control program. The Office of Tobacco Control works with the MSDH Office of Health Communications to provide a statewide media campaign that builds from existing prevention programs.

RAT

(Copyright ©2009. GORAT.com is a program of the Mississippi State Department of Health in conjunction with The Partnership for a Healthy Mississippi.)

RAT® or Reject All Tobacco is geared toward educating youth attending grades K-6 about the health effects of tobacco use. RAT also aims to change children's attitudes about tobacco before they begin experimenting with cigarettes and spit tobacco. The RAT program is implemented at the community level utilizing the Mississippi Tobacco-Free Coalitions and is promoted through statewide communication campaigns that include television commercials and an interactive website.



GENERATION FREE

(Copyright ©2009. Generation FREE is a program of the Mississippi State Department of Health in conjunction with The Partnership for a Healthy Mississippi. GenerationFREE.com)

Generation FREE is Mississippi's youth-led movement against tobacco use, developed for students in grades 7-12. Fueled by teens across the state, the Generation FREE program is conducted at the community level utilizing the Mississippi Tobacco-Free Coalitions and is promoted statewide through traditional media formats, Web activities, community FREEstyle events, and regional youth leadership conferences.

The word "FREE" is written in a large, bold, red, sans-serif font. The letters are thick and blocky, with a slight shadow effect behind them, giving it a three-dimensional appearance. The 'F' and 'R' are connected, as are the 'E's.

IV. CESSATION INTERVENTIONS

Mississippi Tobacco Quitline

The Mississippi Tobacco Quitline, 1-800-QUIT-NOW, provides free telephone and web-based treatment to adult Mississippi residents. The CDC's *Best Practices* recommendations for tobacco cessation interventions clearly outline the importance of quitlines.

In FY 2011, the Mississippi Tobacco Quitline received 14,864 calls for treatment.
(MS Tobacco Quitline, 2011)

The Office of Tobacco Control contracts with Information and Quality Healthcare (IQH) to provide services for individuals who wish to utilize the Mississippi Tobacco Quitline. Professional counselors evaluate and develop a plan of action for callers. Services that callers receive include access to nicotine replacement therapies, referrals to physicians with experience in tobacco cessation counseling, and/or referrals to the nearest ACT Center for Tobacco Treatment, Education and Research.

The ACT Center for Tobacco Treatment, Education and Research

A program of the University of Mississippi Medical Center, the ACT Center provides intensive treatment including NRT and non-nicotine medications to Mississippi residents interested in quitting tobacco. The ACT Center, located in Jackson, MS, subcontracts with hospitals throughout the state for satellite tobacco treatment clinics (Appendix IV).

V. SURVEILLANCE & EVALUATION

The Office of Tobacco Control implements an annual surveillance and evaluation system, as recommended by the CDC's *Best Practices*, to monitor and provide short-term, intermediate, and long-term intervention outcomes. The data is used to influence program and policy direction, ensure accountability, and demonstrate effectiveness.

Collecting baseline data related to each objective and performance indicator is critical to ensuring that program-related effects can be clearly measured. This is accomplished through a contract with Mississippi State University (MSU) Social Science Research Center (SSRC). The SSRC subcontracts with the University of Southern Mississippi for tobacco control program evaluation activities and with Southern Research Group for media-tracking services.

Surveillance efforts are designed to measure and detail progress towards short-term, intermediate, and long-term goals using numerous primary and secondary data sources. These data sets include the:

- Mississippi Youth Tobacco Survey
- Youth Risk Behavior Surveillance System
- Mississippi University Student Survey of Tobacco Control
- Mississippi Social Climate Survey of Tobacco Control
- Behavioral Risk Factor Surveillance System
- Tobacco Use Supplement
- Per Capita Consumption

The Tobacco Control Unit of the MSU SSRC administers the following surveys:

- Mississippi Social Climate Survey of Tobacco Control
- Mississippi Youth Tobacco Survey
- Mississippi University Student Survey of Tobacco Control

In addition, this unit maintains a website that serves four primary functions:

- Serves as a repository for reports, slides, and fact sheets generated by the evaluation and surveillance efforts, and provides supporting links and references for tobacco control data
- Serves as an interactive data collection mechanism for the evaluation effort to collect programmatic information
- Contains a data query module that allows visitors to generate interactive tables from primary data
- Contains several interactive charts that provide vivid illustration of the profound changes states have experienced after raising their state cigarette tax or passing statewide smokefree laws.

The recent Surveillance & Evaluation Report, along with other state specific tobacco control surveillance and evaluation data, can be accessed at www.MSTobaccoData.org

Appendix I

TOBACCO CONTROL ADVISORY COUNCIL

The Mississippi Tobacco Control Advisory Council comprises 13 members who are appointed by state and university officials. The Mississippi Tobacco Control Advisory Council has maintained an active role in the development and implementation of the programs within the Office of Tobacco Control.

Name	Location	Affiliation/Appointment
Mario Azevedo, PhD	Jackson	Jackson State University Appointment
Berthold "Bert" Beisel, MD	Columbia	Governor Appointment
Robert "Bob" K. Collins, MD	Mississippi State	American Lung Association Appointment
L. C. Dorsey	Jackson	MS Chapter National Assoc. of Social Workers/Speaker of the House Appointment
Ford J. Dye, MD	Oxford	MS State Medical Association Appointment
Clay Hays, MD	Jackson	American Heart Association Appointment
Mike Moore, Attorney	Flowood	Attorney General Appointment
Christine Philley	Jackson	State Superintendent of Public Education Appointment
Dana Solomon, RN	Grenada	Governor Appointment
Gena Vail	New Albany	MS Nurses Association/Lt. Governor Appointment
Ralph Vance	Jackson	American Cancer Society/Speaker of the House Appointment
Jericho Bell	Jackson	University of Mississippi Medical Center Appointment
Michael Forster, PhD	Hattiesburg	University of Southern Mississippi Appointment

Appendix II

100% SMOKE-FREE COMMUNITIES IN MISSISSIPPI

Year	City/Town	Date Implemented
2002	Metcalfe	09/03/2002
2005	Mayersville	09/17/2005
2006	Starkville	05/20/2006
	Tupelo	10/05/2006
	Mantachie	11/05/2006
	Oxford	11/17/2006
2007	Hattiesburg	01/01/2007
	Hernando	03/08/2007
	Aberdeen	03/22/2007
	Mathison	04/15/2007
	Ridgeland	07/09/2007
	Greenwood	08/17/2007
	Kosciusko	11/02/2007
	Amory	11/02/2007
	Corinth	11/09/2007
	Flora	12/13/2007
2008	Petal	12/20/2008
	Ecu	03/12/2008
	Pontotoc	05/01/2008
	Collins	06/08/2008
	Clinton	08/14/2008
2009	Laurel	12/04/2009
	Grenada	01/08/2009
2010	Hollandale	12/03/2010
	Meridian	02/19/2010
	Batesville	03/04/2010
	Bassfield	03/10/2010
	Prentiss	04/17/2010
	Lumberton	06/01/2010
	Madison	06/01/2010
	Sumrall	06/01/2010
	Crystal Springs	06/15/2010
	Jackson	07/01/2010
	Wesson	07/01/2010
	Belzoni	07/01/2010
	Pearl	09/01/2010
	Jonestown	10/11/2010
2011	Rienzi	01/01/2011
	Flowood	05/04/2011
	Marks	07/14/2011
	Calhoun City	09/02/2011
	Brookhaven	10/05/2011
	Centreville	10/05/2011

Appendix III

MISSISSIPPI TOBACCO-FREE COALITIONS

Fiscal Agent	County/Counties
Adams County Coalition for Children and Youth	Natchez
Aiming for Healthy Families	Alcorn, Tippah, Prentiss, and Tishomingo
American Lung Association	Pearl River, Hancock, and Jackson
Boys and Girls Club of Covington County	Covington and Smith
Caffee Caffee & Associates	Forrest
Community Educational Support Systems of Mississippi	Wayne, Clarke, and Jasper
County Housing Education & Community Services	Leflore, Humphreys, and Carroll
Delta Health Alliance	Coahoma, Tunica, Bolivar, Sunflower, Quitman, and Tallahatchie
Field Memorial Hospital	Amite, Pike, and Wilkinson
Dream, Inc.	Rankin, Scott, and Simpson
East Central Mississippi Health Network	Noxubee, Kemper, and Neshoba
Grenada County School District	Grenada, Yalobusha, and Calhoun
Hands on Gulf Coast	Harrison
Innovative Behavioral Services	Lauderdale and Newton
Lamar Educational Enhancement Program	Lamar and Marion
Lawrence County School District	Lawrence, Jefferson Davis, and Walthall
Washington County Planning Department	Washington, Sharkey, and Issaquena
Mississippi Community Education Center	Montgomery, Choctaw, Webster, Claiborne, Warren, Attala, Winston, and Leake
MSU Extension Service	Oktibbeha, Lowndes, Clay & Webster
National Council on Alcoholism and Drug Dependence	Copiah and Lincoln
Northeast Mississippi Healthcare	Union, Benton, and Marshall
New Beginning Ministries	George, Green, and Stone
North Delta Planning and Development District	Panola, Lafayette, and Pontotoc
North Mississippi Medical Center	Lee, Monroe, Chickasaw, and Itawamba
Partnership for a Healthy Mississippi	Madison, Yazoo, and Holmes
West Jackson CDC	Hinds County
YMCA of Memphis	Desoto and Tate

Appendix IV

ACT CENTER AND SATELLITE SITES

ACT Center Main Site	Jackson	601.815.1180
Baptist Memorial Hospital	Southaven	662.772.3000
Baptist Memorial Hospital, Union County	New Albany	662.538.2680
Bolivar Medical Center	Cleveland	662.846.2468
Delta Regional Medical Center	Greenville	662.725.2178
Forrest General Hospital	Hattiesburg	601.288.3880
George Regional Health System	Lucedale	601.947.4244
Highland Community Hospital	Picayune	601.798.4711 x1193
King's Daughter Medical Center	Brookhaven	601.835.9406
Lawrence County Hospital	Monticello	601.587.1166
Marion General Hospital	Columbia	601.740.2035
Memorial Hospital	Gulfport	228.867.4022
North Mississippi Medical Center	Iuka	662.423.4675
North Mississippi Medical Center	Tupelo	662.377.5787
North Sunflower Medical Center	Ruleville	662.756.1634
Northwest Mississippi Regional Medical Center	Clarksdale	662.621.5117
Riley Memorial Hospital	Meridian	601.484.3374
Singing River Hospital Systems	Pascagoula	228.497.7470
Scott Regional Medical Center	Morton	601.732.8119
South Central Hospital	Laurel	601.399.0506
Southwest Mississippi Regional Medical Center	McComb	601.249.1868